

## CERTIFICATION 2

### CARRIER CERTIFICATIONS

#### Carrier Eligibility for CAF ICC Recovery

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MILES COOP TEL ASSN

Debra Chrest

Digitally signed by Debra Chrest DN:cn=Debra Chrest,email=milestele@netins.net,O=miles coop tel assn,l=Miles IA 52064-0280, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Debra Chrest

Title or position of Authorized Officer or employee: Secretary/Treasurer

Telephone number of Authorized Officer or employee: 563-682-7111

Study Area Code of Reporting Carrier

351242

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: MINBURN TEL CO</p>					
<p>Signature of Authorized Officer or employee: Debra Lucht</p>				<p>Digitally signed by Debra Lucht DN:cn=Debra Lucht,email=debl@minburncomm.com,O=minburn tel co,l=Minburn IA 50167, Date:9/27/2012</p>	
<p>Date: 9/27/2012</p>					
<p>Printed name of Authorized Officer or employee: Debra Lucht</p>					
<p>Title or position of Authorized Officer or employee: General Manager/Assistant Secretary</p>					
<p>Telephone number of Authorized Officer or employee: 515-677-2264</p>					
Study Area Code of Reporting Carrier	351245		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

REDACTED-FOR PUBLIC INSPECTION

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/MCC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Minerva Valley Telephone Co., Inc.

Signature of authorized officer



Date

09/25/2012

Printed name of authorized officer

Levi Bappe

Title or position of authorized officer

General Manager

Telephone number of authorized officer:

(641) 487-7399

, ext.

Study Area Code of Reporting Carrier

351246Filing Due Date for this form  
(mm/dd/yyyy)10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MODERN COOP TEL CO

Jeffrey Brower

Digitally signed by Jeffrey Brower DN:cn=Jeffrey Brower,email=jbrower@netins.net,O=modern coop tel co,l=South English IA 52335, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Jeffrey Brower

Title or position of Authorized Officer or employee: General Manager/COO

Telephone number of Authorized Officer or employee: 319-667-2375

Study Area Code of Reporting Carrier

351247

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MUTUAL TEL CO**

**Randy Foor**

Digitally signed by Randy Foor DN:cn=Randy Foor,email=rdf@mutel.com,O=mutual tel co,l=Morning Sun IA 52640, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Randy Foor**

Title or position of Authorized Officer or employee: **Executive Vice President**

Telephone number of Authorized Officer or employee: **319-868-7636**

Study Area Code of Reporting Carrier

**351250**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier			MEDIAPOLIS TELEPHONE COMPANY		
Signature of authorized officer		<i>Wm R. Malcom</i>		Date	9/25/2012
Printed name of authorized officer		WILLIAM R MALCOM			
Title or position of authorized officer		GENERAL MANAGER & CEO			
Telephone number of authorized officer		(319) 394-3456			
Study Area Code of Reporting Carrier	351251	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MUTUAL TEL CO**

**Doug Boone**

Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=mual tel co,l=Sioux Center IA 51250, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Doug Boone**

Title or position of Authorized Officer or employee: **Chief Executive Officer**

Telephone number of Authorized Officer or employee: **712-722-3451**

Study Area Code of Reporting Carrier

**351252**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NORTH ENGLISH COOP**

**Reed Ostenberg**

Digitally signed by Reed Ostenberg DN:cn=Reed Ostenberg,email=nenglish@netins.net,O=north english coop,l=North English IA 52316, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Reed Ostenberg**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **319-664-3821**

Study Area Code of Reporting Carrier

**351257**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHERN IOWA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Doug Boone</b></p>				<p>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=northern iowa tel co,l=Sioux Center IA 51250, Date:9/27/2012</p>	
<p>Date: <b>9/27/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Doug Boone</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-722-3451</b></p>					
Study Area Code of Reporting Carrier	<b>351259</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <b>Northwest Iowa Telephone</b>			
Signature of authorized officer		Date	<b>9/26/12</b>
Printed name of authorized officer <b>Paul Bergmann</b>			
Title or position of authorized officer <b>CFO</b>			
Telephone number of authorized officer: <b>(712) 271-4000</b>			
Study Area Code of Reporting Carrier	<b>351260</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NORTHWEST TEL COOP**

**Donald Miller**

Digitally signed by Donald Miller DN:cn=Donald Miller,email=miller@ncn.net,O=northwest tel coop,l=Havelock IA 50546, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Donald Miller**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-776-2222**

Study Area Code of Reporting Carrier

**351261**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>COMM 1 NETWORK</b></p>					
<p>Signature of Authorized Officer or employee: <b>Randy Yeakel</b></p>				<p>Digitally signed by Randy Yeakel DN:cn=Randy Yeakel,email=ryeakel@comm1net.net,O=comm 1 network,l=Kanawha IA 50447, Date:9/24/2012</p>	
<p>Date: <b>9/24/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Randy Yeakel</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/ Director</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-762-3772</b></p>					
Study Area Code of Reporting Carrier	<b>351262</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: OGDEN TEL CO - IA

John Ellis

Digitally signed by John Ellis DN:cn=John  
Ellis,email=ogdentel@netins.net,O=ogden tel co -  
ia,I=Ogden IA 50212, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: John Ellis

Title or position of Authorized Officer or employee: Manager

Telephone number of Authorized Officer or employee: 515-275-2050

Study Area Code of Reporting Carrier

351263

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: OLIN TEL CO, INC

Rodney Cozart

Digitally signed by Rodney Cozart DN:cn=Rodney Cozart,email=olintel@netins.net,O=olin tel co, inc,I=Olin IA 52320-0130, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Rodney Cozart

Title or position of Authorized Officer or employee: Manager

Telephone number of Authorized Officer or employee: 319-484-2200

Study Area Code of Reporting Carrier

351264

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ONslow COOP TEL ASSN**

**Russ Benke**

Digitally signed by Russ Benke DN:cn=Russ Benke,email=onslow@netins.net,O=onslow coop tel assn,I=Onslow IA 52321, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Russ Benke**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **563-485-2833**

Study Area Code of Reporting Carrier

**351265**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **ORAN MUTUAL TEL CO**

**Barb Gruetzmacher**

Digitally signed by Barb Gruetzmacher DN:cn=Barb Gruetzmacher,email=omtc@orantelco.com,O=oran mutual tel co,l=Oran IA 50664-0007, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Barb Gruetzmacher**

Title or position of Authorized Officer or employee: **Secretary-Treasurer**

Telephone number of Authorized Officer or employee: **319-638-6006**

Study Area Code of Reporting Carrier

**351266**

Filing Due Date for this form  
(mm/dd/yyyy)


**10/4/2012**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Palo Cooperative Telephone Association	
Signature of authorized officer				Date	09/27/2012
Printed name of authorized officer		Kirby J Underberg			
Title or position of authorized officer		General Manager			
Telephone number of authorized officer: (38) 851-3431, ex.					
Study Area Code of Reporting Carrier	351269		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: PALMER MUTUAL TEL CO

Andy Peterson

Digitally signed by Andy Peterson DN:cn=Andy Peterson,email=andy.peterson@palmerone.com,O=palmer mutual tel co,l=Palmer IA 50571, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Andy Peterson

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 712-359-2411

Study Area Code of Reporting Carrier

351270

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

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REDACTED-FOR PUBLIC INSPECTION

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier				Panora Communications Cooperative	
Signature of authorized officer		<i>Ron Reynolds</i>		Date	9-25-12
Printed name of authorized officer		Ron Reynolds			
Title or position of authorized officer		President			
Telephone number of authorized officer: (641) 755-2424					
Study Area Code of Reporting Carrier	351271	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

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Name of Reporting Carrier: PEOPLES TEL CO - IA

**Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt  
Kawlewski,email=curtkawlewski@nu-telecom.net,O=people  
s tel co - ia, Date: 9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Curt Kawlewski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 507-233-4172

Study Area Code of Reporting Carrier

351273

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

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## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

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Name of Reporting Carrier CenturyTel, Inc. dba CenturyLink

Signature of authorized officer *Jeff Glover* Date 09/27/2012

Printed name of authorized officer Jeff Glover

Title or position of authorized officer Vice President - Regulatory Operations

Telephone number of authorized officer: (318)-388-9648 ext.

Study Area Code of Reporting Carrier	351274		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
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Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

POSTVILLE

REDACTED-FOR PUBLIC INSPECTION

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §§1.917(d) and Access Recovery Charge §§1.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §§1.917(f).

Name of Reporting Carrier				Prairieburg Telephone Company, Inc	
Signature of authorized officer		<i>Leon Soukup</i>		Date	9/25/2012
Printed name of authorized officer		Leon Soukup			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(319) 437-3614			
Study Area Code of Reporting Carrier	35-1275	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PRESTON TEL CO

Roger Kilburg

Digitally signed by Roger Kilburg DN:cn=Roger Kilburg,email=rogerak@prestonel.com,O=preston tel co,l=Preston IA 52069-0167, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Roger Kilburg

Title or position of Authorized Officer or employee: Manager/Secretary-Treasurer

Telephone number of Authorized Officer or employee: 563-689-3811

Study Area Code of Reporting Carrier

351276

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: RADCLIFFE TEL CO

Edwin Drake

Digitally signed by Edwin Drake DN:cn=Edwin Drake,email=edrake@netins.net,O=radcliffe tel co,l=Radcliffe IA 50230-0140, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Edwin Drake

Title or position of Authorized Officer or employee: Manager

Telephone number of Authorized Officer or employee: 515-899-2341

Study Area Code of Reporting Carrier

351277

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012




Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier			Ringsted Telephone Company		
Signature of authorized officer					
			Date		
			9/26/12		
Printed name of authorized officer			Daniel Nelsen		
Title or position of authorized officer			Board President		
Telephone number of authorized officer:			(712) 866-8000		
Study Area Code of Reporting Carrier	351280		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ROCKWELL COOP ASSN</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Severin</b></p>				<p>Digitally signed by David Severin DN:cn=David Severin,email=rockwell@netins.net,O=rockwell coop assn,l=Rockwell IA 50469, Date:9/26/2012</p>	
<p>Date: <b>9/26/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Severin</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Mgr/Assist Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>641-822-3212</b></p>					
Study Area Code of Reporting Carrier	<b>351282</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: ROYAL TEL CO

Dennis Galloway

Digitally signed by Dennis Galloway DN:cn=Dennis Galloway,email=denny@hsbroyal.com,O=royal tel co,l=Royal IA 51357, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Dennis Galloway

Title or position of Authorized Officer or employee: Secretary

Telephone number of Authorized Officer or employee: 712-933-2652

Study Area Code of Reporting Carrier

351283

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Change §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				River Valley Telecommunications Coop	
Signature of authorized officer			<i>Pamela Sluder</i>		Date
Printed name of authorized officer			Pamela Sluder		
Title or position of authorized officer			Secretary		
Telephone number of authorized officer			(712) 859-3300		
Study Area Code of Reporting Carrier	351284	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SAC COUNTY MUTUAL

Ronald Sorensen

Digitally signed by Ronald Sorensen DN:cn=Ronald Sorensen,email=scmtc\_manager@netins.net,O=sac county mutual,j=Odebolt IA 51458, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Ronald Sorensen

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 712-668-2200

Study Area Code of Reporting Carrier

351285

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SCHALLER TEL CO

Missy Kestel

Digitally signed by Missy Kestel DN:cn=Missy Kestel,email=allison@schallertel.net,O=schaller tel co,l=Schaller IA 51053, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Missy Kestel

Title or position of Authorized Officer or employee: Accounting General Manager

Telephone number of Authorized Officer or employee: 712-275-4211

Study Area Code of Reporting Carrier

351291

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012


Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Searsboro Telephone Co	
Signature of authorized officer					
Printed name of authorized officer			Gary Neill		
Title or position of authorized officer			General Manager		
Telephone number of authorized officer			(402) 477-1354		
Study Area Code of Reporting Carrier	351292	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SHARON TEL CO

Michael Yoder

Digitally signed by Michael Yoder DN:cn=Michael Yoder,email=myoder@netins.net,O=sharon tel co,l=Hills IA 52235-0280, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Michael Yoder

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 319-679-2211

Study Area Code of Reporting Carrier

351293

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §52.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Scranton Telephone Company	
Signature of authorized officer		<i>Sam Fengel</i>		Date	
Printed name of authorized officer		Sam Fengel		9/24/12	
Title or position of authorized officer					
Manager					
Telephone number of authorized officer					
(712) 652-3355					
Study Area Code of Reporting Carrier		351294		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SHELL ROCK COMM

Richard McBurney

Digitally signed by Richard McBurney DN:cn=Richard McBurney,email=rich@butler-bremer.biz,O=shell rock comm,l=Plainfield IA 50666-0099, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Richard McBurney

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 319-276-4458

Study Area Code of Reporting Carrier

351295

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: HEART OF IOWA COMM.

**Bryan Amundson**

Digitally signed by Bryan Amundson DN:cn=Bryan Amundson,email=bamundson@heartofiowa.coop,O=heart of iowa comm.,l=Union IA 50258-0130, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Bryan Amundson

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 641-486-2211

Study Area Code of Reporting Carrier

351297

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SOUTH SLOPE COOP TEL

Justyn Miller

Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=south slope coop tel,l=North Liberty IA 52317, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: 9/28/2012

Printed name of Authorized Officer or employee: Justyn Miller

Title or position of Authorized Officer or employee: Chief Executive Officer

Telephone number of Authorized Officer or employee: 319-626-2211

Study Area Code of Reporting Carrier

351298

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SOUTHWEST TEL EXCH**

**Mike Weis**

Digitally signed by Mike Weis DN:cn=Mike Weis,email=mikew@interstatecom.com,O=southwest tel exch,l=Truro IA 50257-0229, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Mike Weis**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **641-765-4201**

Study Area Code of Reporting Carrier

**351301**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SPRINGVILLE COOP TEL**

**Jean Johnston**

Digitally signed by Jean Johnston DN:cn=Jean Johnston,email=springvl@netins.net,O=springville coop tel,l=Springville IA 52336-0009, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Jean Johnston**

Title or position of Authorized Officer or employee: **Office Manager**

Telephone number of Authorized Officer or employee: **319-854-6107**

Study Area Code of Reporting Carrier

**351302**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: COOP TEL EXCHANGE

Marvin Ness

Digitally signed by Marvin Ness DN:cn=Marvin Ness,email=cooptelx@netins.net,O=coop tel exchange,l=Stanhope IA 50246, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Marvin Ness

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 515-826-3206

Study Area Code of Reporting Carrier

351303

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.




TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>SWISHER TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Justyn Miller</b></p>				<p>Digitally signed by Justyn Miller DN:cn=Justyn Miller,email=justyn@southslope.com,O=swisher tel co,l=North Liberty IA 52317, Date:9/28/2012</p>	
<p>Date: <b>9/28/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Justyn Miller</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>319-626-2211</b></p>					
Study Area Code of Reporting Carrier	<b>351304</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Stratford Mutual Telephone Co.	
Signature of authorized officer					Date
Printed name of authorized officer			Elaine K Ubben		
Title or position of authorized officer			Assistant Secretary		
Telephone number of authorized officer:			(515) 838-2380		
Study Area Code of Reporting Carrier	351305		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SULLY TEL ASSOC**

**Arie Scholten**

Digitally signed by Arie Scholten DN:cn=Arie Scholten,email=sullytel@netins.net,O=sully tel assoc,l=Sully IA 50251, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Arie Scholten**

Title or position of Authorized Officer or employee: **Manager**

Telephone number of Authorized Officer or employee: **641-594-2905**

Study Area Code of Reporting Carrier

**351306**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(e) and Access Recovery Charge §51.917(f) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Superior Telephone Co-op	
Signature of authorized officer			<i>Robert Soat</i>		Date
Printed name of authorized officer			Robert Soat		
Title or position of authorized officer			President of Board		
Telephone number of authorized officer			(712) 858-4591		
Study Area Code of Reporting Carrier		351307	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TEMPLETON TEL CO**

**Patricia Snyder**

Digitally signed by Patricia Snyder DN:cn=Patricia Snyder,email=temptel@netins.net,O=templeton tel co,l=Templeton IA 51463-0077, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Patricia Snyder**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **712-669-3311**

Study Area Code of Reporting Carrier

**351308**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **TERRIL TEL. COOP.**

**Douglas Nelson**

Digitally signed by Douglas Nelson DN:cn=Douglas Nelson,email=dnelson@terril.com,O=terril tel. coop.,l=Terril IA 51364-0100, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: **9/28/2012**

Printed name of Authorized Officer or employee: **Douglas Nelson**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **712-853-6121**

Study Area Code of Reporting Carrier

**351309**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>TITONKA-BURT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Vicky Nelson</b></p>				<p>Digitally signed by Vicky Nelson DN:cn=Vicky Nelson,email=Vicky.Nelson@TBCtel.com,O=titonka-burt,l=Titonka IA 50480-0321, Date:9/25/2012</p>	
<p>Date: <b>9/25/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Vicky Nelson</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Secretary-Treasurer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>515-928-2110</b></p>					
Study Area Code of Reporting Carrier	<b>351310</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <b>United Farmers Telephone Company</b>			
Signature of authorized officer <i>Roxanne White</i>	Date		<b>09/24/2012</b>
Printed name of authorized officer <b>Roxanne White</b>			
Title or position of authorized officer <b>Executive Vice President</b>			
Telephone number of authorized officer: <b>(712) 834-0220</b>			
Study Area Code of Reporting Carrier	<b>351316</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 604(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VAN BUREN TEL CO**

**Kevin Hranicka**

Digitally signed by Kevin Hranicka DN:cn=Kevin Hranicka,email=hranicka@netins.net,O=van buren tel co,l=Keosauqua IA 52565-0430, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Kevin Hranicka**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **319-293-3187**

Study Area Code of Reporting Carrier

**351319**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: VAN HORNE COOP TEL

**Kerry Less**

Digitally signed by Kerry Less DN:cn=Kerry Less,email=canary@netins.net,O=van home coop tel,I=Van Horne IA 52346-0096, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Kerry Less

Title or position of Authorized Officer or employee: Buisness Manager

Telephone number of Authorized Officer or employee: 319-228-8791

Study Area Code of Reporting Carrier

351320

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: VENTURA TEL CO, INC

Thomas Lovell

Digitally signed by Thomas Lovell DN:cn=Thomas Lovell,email=tomlovell@ctel.com,O=ventura tel co, inc,l=Clear Lake IA 50428-0066, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Thomas Lovell

Title or position of Authorized Officer or employee: General Manager/Vice President

Telephone number of Authorized Officer or employee: 641-357-2111

Study Area Code of Reporting Carrier

351322

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **VILLISCA FARMERS TEL**

**Kevin Cabbage**

Digitally signed by Kevin Cabbage DN:cn=Kevin Cabbage,email=kcabbage@fmtcnet.com,O=villisca farmers tel,l=Stanton IA 51573-0220, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Kevin Cabbage**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **712-829-2111**

Study Area Code of Reporting Carrier

**351324**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier			WATSON TELEPHONE CO. INC		
Signature of authorized officer			Date 2/6/2012		
Printed name of authorized officer			BRIAN KEYS		
Title or position of authorized officer			PRESIDENT		
Telephone number of authorized officer			7047882211		
Study Area Code of Reporting Carrier		37326	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WEBB-DICKENS TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Doug Boone</b></p>				<p>Digitally signed by Doug Boone DN:cn=Doug Boone,email=dboone@mypremieronline.com,O=webb-dickens tel,l=Sioux Center IA 51250, Date:9/27/2012</p>	
<p>Date: <b>9/27/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Doug Boone</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-722-3451</b></p>					
Study Area Code of Reporting Carrier	<b>351327</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: WEBSTER-CALHOUN COOP</p>					
<p>Signature of Authorized Officer or employee: Daryl Carlson</p>				<p>Digitally signed by Daryl Carlson DN:cn=Daryl Carlson,email=darylc@wccta.com,O=webster-calhoun coop,l=Gowrie IA 50543, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer or employee: Daryl Carlson</p>					
<p>Title or position of Authorized Officer or employee: Executive Vice President</p>					
<p>Telephone number of Authorized Officer or employee: 515-352-3151</p>					
Study Area Code of Reporting Carrier	351328		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: WELLMAN COOP TEL

**Jayne Hochstedler**

Digitally signed by Jayne Hochstedler DN:cn=Jayne Hochstedler,email=wellman@netins.net,O=wellman coop tel,l=Wellman IA 52356-0170, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Jayne Hochstedler

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 319-646-6075

Study Area Code of Reporting Carrier

351329

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WEST IOWA TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Gannon</b></p>				<p>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=west iowa tel co,l=Remsen IA 51050-0330, Date:9/28/2012</p>	
<p>Date: <b>9/28/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Gannon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-786-5572</b></p>					
Study Area Code of Reporting Carrier	<b>351331</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: WEST LIBERTY TEL CO

Craig Bieber

Digitally signed by Craig Bieber DN:cn=Craig  
Bieber,email=bieber@corp.lcom.net,O=west liberty tel co,l=  
, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Craig Bieber

Title or position of Authorized Officer or employee: Controller/Treasurer

Telephone number of Authorized Officer or employee: 319-627-2145

Study Area Code of Reporting Carrier

351332

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Retum Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Western Iowa Telephone Association	
Signature of authorized officer		<i>Russell Walker</i>		Date	
				9/27/12	
Printed name of authorized officer		Russell Walker			
Title or position of authorized officer		Board President			
Telephone number of authorized officer:		(713) 944-5711			
Study Area Code of Reporting Carrier	351334	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WESTSIDE INDEPENDENT</b></p>					
<p>Signature of Authorized Officer or employee: <b>Jane Morlok</b></p>				<p>Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=westside independent,l=Breda IA 51436-0190, Date:9/27/2012</p>	
<p>Date: <b>9/27/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Jane Morlok</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-673-8101</b></p>					
Study Area Code of Reporting Carrier	<b>351335</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WILTON TEL CO**

**Stacie Harris**

Digitally signed by Stacie Harris DN:cn=Stacie Harris,email=stacie@wtccommunications.com,O=wilton tel co,l=Wilton IA 52778, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Stacie Harris**

Title or position of Authorized Officer or employee: **Assistant General Manager/CFO**

Telephone number of Authorized Officer or employee: **563-732-3000**

Study Area Code of Reporting Carrier

**351336**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: WINNEBAGO COOP-IA</p>					
<p>Signature of Authorized Officer or employee: Terry Wegener</p>				<p>Digitally signed by Terry Wegener DN:cn=Terry Wegener, email=terrywegener@wctatel.com, O=winnebago coop-ia, Inc., Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer or employee: Terry Wegener</p>					
<p>Title or position of Authorized Officer or employee: General Manager</p>					
<p>Telephone number of Authorized Officer or employee: 641-592-6105</p>					
Study Area Code of Reporting Carrier	351337		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

CERTIFICATE FILED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <u>Woodstock Mutual Telephone</u>		
Signature of authorized officer <u>[Signature]</u>	Date <u>9-24-12</u>	
Printed name of authorized officer <u>Jack A. Blain</u>		
Title or position of authorized officer <u>General Mgr</u>		
Telephone number of authorized officer: <u>515-839-5571</u>		
Study Area Code of Reporting Carrier <u>351342</u>	Filing Due Date for this form (mm/dd/yyyy) <u>10/4/2012</u>	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: WYOMING MUTUAL TEL

Debra Williams

Digitally signed by Debra Williams DN:cn=Debra Williams,email=wyoming@netins.net,O=wyoming mutual tel,l=Wyoming IA 52362, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Debra Williams

Title or position of Authorized Officer or employee: Office Manager

Telephone number of Authorized Officer or employee: 563-488-2535

Study Area Code of Reporting Carrier

351343

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PRAIRIE TEL CO

Jane Morlok

Digitally signed by Jane Morlok DN:cn=Jane Morlok,email=jmorlok@win-4-u.com,O=prairie tel co,l=Breda IA 51436-0190, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Jane Morlok

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 712-673-8101

Study Area Code of Reporting Carrier

351344

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <span style="color: blue;">ACE TEL ASSN-IA</span></p>					
<p>Signature of Authorized Officer or employee: <span style="color: blue;">Todd Roesler</span></p>				<p><small>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel assn-ia,l=Houston MN 55943-0360, Date:9/27/2012</small></p> <p>Date: <span style="color: blue;">9/27/2012</span></p>	
<p>Printed name of Authorized Officer or employee: <span style="color: blue;">Todd Roesler</span></p>					
<p>Title or position of Authorized Officer or employee: <span style="color: blue;">Chief Executive Officer</span></p>					
<p>Telephone number of Authorized Officer or employee: <span style="color: blue;">507-896-6292</span></p>					
<p>Study Area Code of Reporting Carrier</p>	<span style="color: blue;">351346</span>		<p>Filing Due Date for this form (mm/dd/yyyy)</p>	<span style="color: blue;">10/4/2012</span>	
<p><b>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</b></p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER


Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <u>ALLIANCE-HILLS IA</u></p>					
<p>Signature of Authorized Officer or employee: <u>Kari Flanagan</u></p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills ia, Garretson SD 57030, Date:9/26/2012</p>	
<p>Date: <u>9/26/2012</u></p>					
<p>Printed name of Authorized Officer or employee: <u>Kari Flanagan</u></p>					
<p>Title or position of Authorized Officer or employee: <u>CFO</u></p>					
<p>Telephone number of Authorized Officer or employee: <u>605-594-8228</u></p>					
Study Area Code of Reporting Carrier	<u>351405</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Kilduff Telephone Co	
Signature of authorized officer					
Printed name of authorized officer			Gary Neill		
Title or position of authorized officer					
General Manager					
Telephone number of authorized officer: (402) 477-1354					
Study Area Code of Reporting Carrier		351407	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MABEL COOP TEL-IA

Lorren Tingesdal

Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabeltel.coop,O=mabel coop tel-ia,|Mabel MN 55954-0368, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Lorren Tingesdal

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 507-493-5411

Study Area Code of Reporting Carrier

351424

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Grand River Mutual Telephone Corporation - IA	
Signature of authorized officer *		<i>Gregg Davis</i>		Date	9-27-12
Printed name of authorized officer		Gregg Davis			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(669) 748-3234			
Study Area Code of Reporting Carrier	351888	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: WINNEBAGO COOP-T N

Terry Wegener

Digitally signed by Terry Wegener DN:cn=Terry Wegener, email=terrywegener@wctatel.com, O=winnebago coop-mn, Inc., Date: 9/26/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Terry Wegener

Title or position of Authorized Officer or employee: Gary M. Talley

Telephone number of Authorized Officer or employee: 541-692-5106

Study Area Code of Reporting Carrier

351337

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

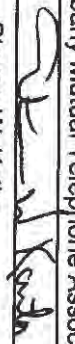
<p align="center"><b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b></p> <p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier:      <u>ACE TEL ASSN-MN</u></p>					
<p>Signature of Authorized Officer or employee:      <u>Todd Roesler</u></p>				<p>Digitally signed by Todd Roesler DN:cn=Todd Roesler,email=troesler@acecomgroup.com,O=ace tel assn-mn,l=Houston MN 55943-0360, Date:9/27/2012</p>	
<p>Date:      <u>9/27/2012</u></p>					
<p>Printed name of Authorized Officer or employee:      <u>Todd Roesler</u></p>					
<p>Title or position of Authorized Officer or employee:      <u>Chief Executive Officer</u></p>					
<p>Telephone number of Authorized Officer or employee:      <u>507-896-6292</u></p>					
Study Area Code of Reporting Carrier	<u>361346</u>		Filing Due Date for this form (mm/dd/yyyy)	<u>10/4/2012</u>	
<p align="center">Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier			Albany Mutual Telephone Association		
Signature of authorized officer					
Printed name of authorized officer			Steven W. Katka		
Title or position of authorized officer			CEO/General Manager		
Telephone number of authorized officer:			(329) 845-2101		
Study Area Code of Reporting Carrier	361347	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. § 502, § 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>WILDERNESS VALLEY</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Riddell</b></p>				<p>Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=wilderness valley,lc=, Date:9/27/2012</p>	
<p>Date: <b>9/27/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Riddell</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-488-6565</b></p>					
Study Area Code of Reporting Carrier	<b>361348</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: CITY OF BARNESVILLE

Guy Swenson

Digitally signed by Guy Swenson DN:cn=Guy Swenson,email=gswenson@bvillemn.net,O=city of barnesville,l=Barnesville MN 56514, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Guy Swenson

Title or position of Authorized Officer or employee: TEC Manager

Telephone number of Authorized Officer or employee: 218-354-2292

Study Area Code of Reporting Carrier

361353

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **BENTON COOP TEL CO**

**Cheryl Scapanski**

Digitally signed by Cheryl Scapanski DN:cn=Cheryl Scapanski,email=cscapanski@bctelco.net,O=benton coop tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Cheryl Scapanski**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **320-393-2115**

Study Area Code of Reporting Carrier

**361356**

Filing Due Date for this form  
(mm/dd/yyyy)


**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier				Blue Earth Valley Telephone Company	
Signature of authorized officer					Date
Printed name of authorized officer			William Eckles		
Title or position of authorized officer			President		
Telephone number of authorized officer			(507) 526-3252		
Study Area Code of Reporting Carrier		361358	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **CALLAWAY TEL CO**

**Staci Malinkowski**

Digitally signed by Staci Malinkowski DN:cn=Staci Malinkowski,email=staci.malinkowski@arvig.com,O=callaway tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Staci Malinkowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361365**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: CLARA CITY TEL EXCH

Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=clara city tel exch,lc= ,  
Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Bruce Hanson

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 320-847-2211

Study Area Code of Reporting Carrier

361370

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: CLEMENTS TEL CO

Staci Malikowski

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=clements tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malikowski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier

361372

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier		Consolidated Telephone Company - MN	
Signature of authorized officer	<i>Kevin T. Larson</i>	Date	09/25/2012
Printed name of authorized officer		Kevin T. Larson	
Title or position of authorized officer		CEO/General Manager	
Telephone number of authorized officer:		(218) 454-1101 ext.	
Study Area Code of Reporting Carrier	361373	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ARROWHEAD COMM CORP**

**Bob Weiss**

Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=arrowhead comm corp,l=New Ulm MN 56073, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Bob Weiss**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **507-354-2500**

Study Area Code of Reporting Carrier

**361374**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: DUNNELL TEL CO

Kathy Nelson

Digitally signed by Kathy Nelson DN:cn=Kathy Nelson,email=dcndtc@bevcomm.net,O=dunnell tel co,l=Dunnell MN 56127, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Kathy Nelson

Title or position of Authorized Officer or employee: Office Manager

Telephone number of Authorized Officer or employee: 507-695-2730

Study Area Code of Reporting Carrier

361381

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier: **EAGLE VALLEY TEL CO**

**Bob Weiss**

Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=eagle valley tel co,l=New Ulm MN 56073, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Bob Weiss**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **507-354-2500**

Study Area Code of Reporting Carrier

**361383**

Filing Due Date for this form  
(mm/dd/yyyy)

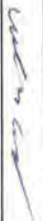
**10/4/2012**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

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Name of Reporting Carrier <b>Easton Telephone Company</b>			
Signature of authorized officer 			Date <b>9/26/2012</b>
Printed name of authorized officer <b>William Eckles</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(507) 526-3252</b>			
Study Area Code of Reporting Carrier	<b>361384</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: EAST OTTER TAIL TEL

Staci Malinkowski

Digitally signed by Staci Malinkowski DN:cn=Staci Malinkowski,email=staci.malinkowski@arvig.com,O=east otter tail tel, Inc., Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malinkowski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier

361385

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <b>Eckles Telephone Comapnay</b>			
Signature of authorized officer <i>William Eckles</i>		Date <b>9/26/2012</b>	
Printed name of authorized officer <b>William Eckles</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(507) 526-3252</b>			
Study Area Code of Reporting Carrier	<b>361386</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Emily Cooperative Telephone Company	
Signature of authorized officer			Date		9/26/2012
Printed name of authorized officer			Lovell Baker		
Title or position of authorized officer					
President					
Telephone number of authorized officer: (218) 763-3000					
Study Area Code of Reporting Carrier	361387	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		


Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery


I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Farmers Mutual Telephone Company	
Signature of authorized officer					
Date			09/26/2012		
Printed name of authorized officer				Kevin Beyer	
Title or position of authorized officer				CEO	
Telephone number of authorized officer:				(329) 568-2105	
Study Area Code of Reporting Carrier		361389	Filing Due Date for this form		10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Federated Telephone Cooperative	
Signature of authorized officer					Date
Printed name of authorized officer			Kevin Beyer		09/26/2012
Title or position of authorized officer			CEO		
Telephone number of authorized officer: (329) 324-7111					
Study Area Code of Reporting Carrier	361390		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **FELTON TEL CO. INC.**

Signature of Authorized Officer or employee: **Bob Weiss**  
Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=felton tel co. inc.,l=New Ulm MN 56073, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Bob Weiss**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **507-354-2500**

Study Area Code of Reporting Carrier

**361391**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Garden Valley Telephone Company	
Signature of authorized officer			<i>Joe Sandberg</i>		Date
Printed name of authorized officer			Joe Sandberg		9/25/2012
Title or position of authorized officer			Treasurer		
Telephone number of authorized officer:			(218) 687-2400		
Study Area Code of Reporting Carrier	361395	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GARDONVILLE COOP TEL</b></p>					
<p>Signature of Authorized Officer or employee: <b>David Wolf</b></p>				<p>Digitally signed by David Wolf DN:cn=David Wolf,email=dwolf@gctel.net,O=gardonville coop tel, Inc., Date:9/25/2012</p>	
<p>Date: <b>9/25/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>David Wolf</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CEO and General Manager</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>320-524-2211</b></p>					
Study Area Code of Reporting Carrier	<b>361396</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GRANADA TEL CO**

**Bob Weiss**

Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=granada tel co,l=New Ulm MN 56073, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Bob Weiss**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **507-354-2500**

Study Area Code of Reporting Carrier

**361399**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: HALSTAD TEL CO

Tom Maroney

Digitally signed by Tom Maroney DN:cn=Tom Maroney,email=tmaroney@rrv.net,O=halstad tel co,l=Halstad MN 56548, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Tom Maroney

Title or position of Authorized Officer or employee: CEO

Telephone number of Authorized Officer or employee: 218-456-2125

Study Area Code of Reporting Carrier

361401

Filing Due Date for this form  
(mm/dd/yyyy)


10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Federated Telephone Cooperative	
Signature of authorized officer					Date
Printed name of authorized officer			Kevin Beyer		09/26/2012
Title or position of authorized officer			CEO		
Telephone number of authorized officer: (329) 324-7111, ext.					
Study Area Code of Reporting Carrier	361403		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Harmony Telephone Company	
Signature of authorized officer			<i>Lorren Tingsedal</i>		Date
Printed name of authorized officer			Lorren Tingsedal		09/26/2012
Title or position of authorized officer			CEO		
Telephone number of authorized officer			(507) 886-2525		
Study Area Code of Reporting Carrier	361404	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: ALLIANCE-HILLS MN

**Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills mn,l=Garretson SD 57030, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Kari Flanagan

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 605-594-8228

Study Area Code of Reporting Carrier

361405

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: HOME TEL CO - MN

**Staci Malikowski**

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=home tel co - mn, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malikowski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier

361408

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: HUTCHINSON TEL CO

**Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=hutchinson tel co,lc= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Curt Kawlewski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 507-233-4172

Study Area Code of Reporting Carrier

361409

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **JOHNSON TEL CO**

**Donna Gunderson**

Digitally signed by Donna Gunderson DN:cn=Donna Gunderson,email=jtcbusiness@means.net,O=johnson tel co,l=Remer MN 56672, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Donna Gunderson**

Title or position of Authorized Officer or employee: **Corporate Secretary**

Telephone number of Authorized Officer or employee: **218-566-2302**

Study Area Code of Reporting Carrier

**361410**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **KASSON & MANTORVILLE**

**Beth Tollefson**

Digitally signed by Beth Tollefson DN:cn=Beth Tollefson,email=tollef@kmtel.com,O=kasson & mantorville,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Beth Tollefson**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-634-2511**

Study Area Code of Reporting Carrier

**361412**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: LISMORE COOP TEL CO

Tarri Joens

Digitally signed by Tarri Joens DN:cn=Tarri Joens,email=info@lismoretele.com,O=lismore coop tel co,l=Lismore MN 56155-0127, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Tarri Joens

Title or position of Authorized Officer or employee: Office Manager

Telephone number of Authorized Officer or employee: 507-472-8748

Study Area Code of Reporting Carrier

361419

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: LONSDALE TEL CO

Bonnie Simon

Digitally signed by Bonnie Simon DN:cn=Bonnie Simon,email=lonbonnie@means.net,O=lonsdale tel co,l=Lonsdale MN 55046, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Bonnie Simon

Title or position of Authorized Officer or employee: Secretary

Telephone number of Authorized Officer or employee: 507-744-2311

Study Area Code of Reporting Carrier

361422

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012


Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Runestone Telephone Association	
Signature of authorized officer				Date	
				09/26/2012	
Printed name of authorized officer				Tory Belgium	
Title or position of authorized officer				Vice President	
Telephone number of authorized officer:				(320) 986-2013	
Study Area Code of Reporting Carrier		361423		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MABEL COOP TEL - MN

Lorren Tingesdal

Digitally signed by Lorren Tingesdal DN:cn=Lorren Tingesdal,email=lorren@mabeltel.coop,O=mabel coop tel - mn,l=Mabel MN 55954-0368, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Lorren Tingesdal

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 507-493-5411

Study Area Code of Reporting Carrier

361424

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CHRISTENSEN COMM CO**

**Andy Hennis**

Digitally signed by Andy Hennis DN:cn=Andy Hennis,email=andyh@chriscomco.net,O=christensen comm co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Andy Hennis**

Title or position of Authorized Officer or employee: **Business Manager**

Telephone number of Authorized Officer or employee: **507-642-5555**

Study Area Code of Reporting Carrier

**361425**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Manchester-Hartland Telephone	
Signature of authorized officer				Date	
<i>Milo Madson</i>				9-26-2012	
Printed name of authorized officer					
Milo Madson					
Title or position of authorized officer					
President					
Telephone number of authorized officer: (507) 826-3212					
Study Area Code of Reporting Carrier		361426		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MELROSE TEL CO

Staci Malikowski

Digitally signed by Staci Malikowski DN:cn=Staci Malikowski,email=staci.malikowski@arvig.com,O=melrose tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malikowski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier

361430

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **MIDWEST TEL CO**

**Staci Malinkowski**

Digitally signed by Staci Malinkowski DN:cn=Staci Malinkowski,email=staci.malinkowski@arvig.com,O=midwest tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Staci Malinkowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361431**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MINNESOTA VALLEY TEL

**Danny Busche**

Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=minnesota valley tel,l=Franklin MN 55333, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Danny Busche

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 507-557-2275

Study Area Code of Reporting Carrier

361439

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <b>Cannon Valley Telecom</b>			
Signature of authorized officer <i>William Eckles</i>	Date		<b>9/26/2012</b>
Printed name of authorized officer <b>William Eckles</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer <b>(507) 526-3252</b>			
Study Area Code of Reporting Carrier	<b>361440</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NEW ULM TELECOM, INC**

**Curt Kawlewski**

Digitally signed by Curt Kawlewski DN:cn=Curt  
Kawlewski,email=curtkawlewski@nu-telecom.net,O=new  
ulm telecom, inc., Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Curt Kawlewski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **507-233-4172**

Study Area Code of Reporting Carrier

**361442**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **LORETEL SYSTEMS, INC**

**Bob Weiss**

Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=loretel systems, inc,l=New Ulm MN 56073, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Bob Weiss**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **507-354-2500**

Study Area Code of Reporting Carrier

**361443**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **OSAKIS TEL CO**

**Staci Malinkowski**

Digitally signed by Staci Malinkowski DN:cn=Staci Malinkowski,email=staci.malinkowski@arvig.com,O=osakis tel co,l= , Date:9/28/2012

Signature of Authorized Officer or employee:

Date: **9/28/2012**

Printed name of Authorized Officer or employee: **Staci Malinkowski**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-346-8498**

Study Area Code of Reporting Carrier

**361448**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>PARK REGION MUTUAL</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dave Bickett</b></p>				<p>Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@ptel.com,O=park region mutual,l=Underwood MN 56586-0277, Date:9/26/2012</p>	
<p>Date: <b>9/26/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dave Bickett</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>218-826-6161</b></p>					
Study Area Code of Reporting Carrier	<b>361450</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PAUL BUNYAN RURAL**

**Dave Schultz**

Digitally signed by Dave Schultz DN:cn=Dave Schultz,email=dschultz@paulbunyan.net,O=paul bunyan rural,l= , Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Dave Schultz**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **218-444-1141**

Study Area Code of Reporting Carrier

**361451**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PEOPLES TEL CO - MN

**Staci Malinkowski**

Digitally signed by Staci Malinkowski DN:cn=Staci Malinkowski,email=staci.malinkowski@arvig.com,O=peoples tel co - mn,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malinkowski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier

361453

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **PINE ISLAND TEL CO**

**Bob Weiss**

Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=pine island tel co,l=New Ulm MN 56073, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Bob Weiss**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **507-354-2500**

Study Area Code of Reporting Carrier

**361454**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: REDWOOD COUNTY TEL

Staci Malinkowski

Digitally signed by Staci Malinkowski DN:cn=Staci Malinkowski,email=staci.malinkowski@arvig.com,O=redwood county tel, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malinkowski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier

361472

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.




REDACTED-FOR PUBLIC INSPECTION

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery 551.917(d) and Access Recovery Charge 551.917(e) and is eligible to receive the CAF/ICC support requested pursuant to 551.917(f).

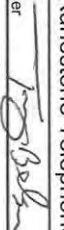
Name of Reporting Carrier				Rothsay Telephone Co. Inc.	
Signature of authorized officer					
Printed name of authorized officer			Wayne Stowman		
Title or position of authorized officer			Secy./Treas.		
Telephone number of authorized officer			(219) 867-2111		
Study Area Code of Reporting Carrier	361474	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 502(a), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery \$51.917(d) and Access Recovery Charge \$51.917(e) and is eligible to receive the CAF ICC support requested pursuant to \$51.917(f).

Name of Reporting Carrier				Runestone Telephone Association	
Signature of authorized officer				Date	
				09/26/2012	
Printed name of authorized officer				Tory Belgium	
Title or position of authorized officer				Vice President	
Telephone number of authorized officer:				(329) 986-2013	
Study Area Code of Reporting Carrier		361475		Filing Due Date for this form (mm/dd/yyyy)	
				10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SACRED HEART TEL CO

Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=sacred heart tel co,l= ,  
Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Bruce Hanson

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 320-847-2211

Study Area Code of Reporting Carrier

361476

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SCOTT RICE -INTEGRA

Matthew Fahey

Digitally signed by Matthew Fahey DN:cn=Matthew Fahey,email=Matthew.Fahey@integratelecom.com,O=scott rice -integra,l= , Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Matthew Fahey

Title or position of Authorized Officer or employee: Senior Vice President of Finance

Telephone number of Authorized Officer or employee: 503-453-8074

Study Area Code of Reporting Carrier

361479

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SLEEPY EYE TEL CO

Bob Weiss

Digitally signed by Bob Weiss DN:cn=Bob Weiss,email=bobw@sleepyeyetel.net,O=sleepy eye tel co,l=New Ulm MN 56073, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Bob Weiss

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 507-354-2500

Study Area Code of Reporting Carrier

361483

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SPRING GROVE COMM.**

**Craig Otterness**

Digitally signed by Craig Otterness DN:cn=Craig Otterness,email=otter9@aol.com,O=spring grove comm.,l=Spring Grove MN 55974-0516, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Craig Otterness**

Title or position of Authorized Officer or employee: **GM/CEO**

Telephone number of Authorized Officer or employee: **507-498-3456**

Study Area Code of Reporting Carrier

**361485**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **STARBUCK TEL CO**

**Bruce Hanson**

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=starbuck tel co,l= ,  
Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Bruce Hanson**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **320-847-2211**

Study Area Code of Reporting Carrier

**361487**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: TWIN VALLEY-ULEN TEL

Staci Malinkowski

Digitally signed by Staci Malinkowski DN:cn=Staci Malinkowski,email=staci.malinkowski@arvig.com,O=twin valley-ulen tel,l=- , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Staci Malinkowski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 218-346-8498

Study Area Code of Reporting Carrier

361491

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: UPSALA COOP TEL ASSN

**Tony Gebhard**

Digitally signed by Tony Gebhard DN:cn=Tony Gebhard,email=tony@sytekcom.com,O=upsala coop tel assn,l=Upsala MN 56384, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Tony Gebhard

Title or position of Authorized Officer or employee: CEO/General Manager

Telephone number of Authorized Officer or employee: 320-573-1390

Study Area Code of Reporting Carrier

361494

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: VALLEY TEL CO - MN

Dave Bickett

Digitally signed by Dave Bickett DN:cn=Dave Bickett,email=dbickett@ptel.com,O=valley tel co - mn,l=Underwood MN 56586-0277, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: 9/28/2012

Printed name of Authorized Officer or employee: Dave Bickett

Title or position of Authorized Officer or employee: General Manager/CEO

Telephone number of Authorized Officer or employee: 218-826-6161

Study Area Code of Reporting Carrier

361495

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CROSSLAKE TEL CO**

**Paul Hoge**

Digitally signed by Paul Hoge DN:cn=Paul Hoge,email=phoge@crosslake.net,O=crosslake tel co,l=Crosslake MN 56442, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Paul Hoge**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **218-692-2777**

Study Area Code of Reporting Carrier

**361499**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NORTHERN TEL CO - MN**

**Robert Riddell**

Digitally signed by Robert Riddell DN:cn=Robert Riddell,email=telenutz@mlecwb.net,O=northern tel co - mn,l= , Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Robert Riddell**

Title or position of Authorized Officer or employee: **CEO**

Telephone number of Authorized Officer or employee: **218-488-6565**

Study Area Code of Reporting Carrier

**361500**

Filing Due Date for this form  
(mm/dd/yyyy)


**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <b>West Central Telephone Assn.</b>			
Signature of authorized officer 	Date <b>9/24/12</b>		
Printed name of authorized officer <b>Bruce Kinnunen</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer: <b>(218) 837-5151</b>			
Study Area Code of Reporting Carrier <b>361501</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: WESTERN TEL CO

Curt Kawlewski

Digitally signed by Curt Kawlewski DN:cn=Curt Kawlewski,email=curtkawlewski@nu-telecom.net,O=wester  
n tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Curt Kawlewski

Title or position of Authorized Officer or employee: Chief Financial Officer

Telephone number of Authorized Officer or employee: 507-233-4172

Study Area Code of Reporting Carrier

361502

Filing Due Date for this form  
(mm/dd/yyyy)

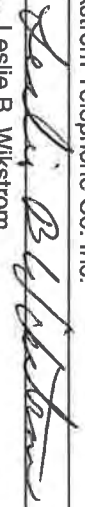
10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Wikstrom Telephone Co. Inc.	
Signature of authorized officer					Date
Printed name of authorized officer			Leslie B. Wikstrom		
Title or position of authorized officer Vice President					
Telephone number of authorized officer: (219) 436-2121 ext.					
Study Area Code of Reporting Carrier	361505		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: WINTHROP TEL CO

Danny Busche

Digitally signed by Danny Busche DN:cn=Danny Busche,email=dannyb@means.net,O=winthrop tel co,l=Franklin MN 55333, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Danny Busche

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 507-557-2275

Study Area Code of Reporting Carrier

361508

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **WOODSTOCK TEL CO**

**Ronald Nelson**

Digitally signed by Ronald Nelson DN:cn=Ronald Nelson,email=ron.nelson@woodstocktel.net,O=woodstock tel co,l=Ruthton MN 56170, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Ronald Nelson**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **507-658-3830**

Study Area Code of Reporting Carrier

**361510**

Filing Due Date for this form  
(mm/dd/yyyy)


**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Wolverton Telephone Co.	
Signature of authorized officer					Date
Printed name of authorized officer			David L. Dunning		
Title or position of authorized officer			Executive Vice President		
Telephone number of authorized officer:			(701) 284-7221 ext.		
Study Area Code of Reporting Carrier	361512		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: ZUMBROTA TEL CO

Bruce Hanson

Digitally signed by Bruce Hanson DN:cn=Bruce Hanson,email=bruce@hcinet.net,O=zumbrota tel co,l= ,  
Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Bruce Hanson

Title or position of Authorized Officer or employee: Treasurer

Telephone number of Authorized Officer or employee: 320-847-2211

Study Area Code of Reporting Carrier

361515

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Interstate-Telecommunications Cooperative, Inc.	
Signature of authorized officer			<i>Warren Brandlee</i>		Date
Printed name of authorized officer			Warren Brandlee		9/24/12
Title or position of authorized officer			President		
Telephone number of authorized officer:			(605) 874-2181		
Study Area Code of Reporting Carrier	361654		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: ARAPAHOE TEL CO

**John Koller**

Digitally signed by John Koller DN:cn=John Koller,email=jkoller@atcjet.net,O=arapahoe tel co,l=Arapahoe NE 68922, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: John Koller

Title or position of Authorized Officer or employee: VP Operations

Telephone number of Authorized Officer or employee: 308-962-7298

Study Area Code of Reporting Carrier

371516

Filing Due Date for this form  
(mm/dd/yyyy)

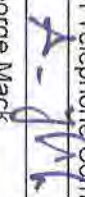
10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier			Arlington Telephone Company		
Signature of authorized officer					
Printed name of authorized officer			George Mack		
Title or position of authorized officer			President		
Telephone number of authorized officer			(402) 426-6200		
Study Area Code of Reporting Carrier		Filing Due Date for this form (mm/dd/yyyy)		Date	
371517		10/4/2012		September 26, 2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **ELSIE COMM., INC.**

**David Shipley**

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=elsie comm., inc.,l=Colorado City CO 81019, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **David Shipley**

Title or position of Authorized Officer or employee: **Vice President**

Telephone number of Authorized Officer or employee: **866-542-6780**

Study Area Code of Reporting Carrier

**371518**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**


Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(e) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				The Blair Telephone Company	
Signature of authorized officer					Date
Printed name of authorized officer			George Mack		September 26, 2012
Title or position of authorized officer					
President					
Telephone number of authorized officer					
(402) 426-6200					
Study Area Code of Reporting Carrier	371524	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **THREE RIVER TELCO**

**David Kalkowski**

Digitally signed by David Kalkowski DN:cn=David Kalkowski,email=KalkowskiD@threeriver.net,O=three river telco,l=Lynch NE 68746, Date:10/1/2012

Signature of Authorized Officer or employee:

Date: **10/1/2012**

Printed name of Authorized Officer or employee: **David Kalkowski**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **402-569-3251**

Study Area Code of Reporting Carrier

**371525**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: CAMBRIDGE TEL CO -NE</p>					
<p>Signature of Authorized Officer or employee: J. Shoemaker</p>				<p>Digitally signed by J. Shoemaker DN:cn=J. Shoemaker,email=tom.shoemaker@pnpt.com,O=cambridge tel co -ne,l=Cambridge NE 69022, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer or employee: J. Shoemaker</p>					
<p>Title or position of Authorized Officer or employee: V P Regulatory Affairs</p>					
<p>Telephone number of Authorized Officer or employee: 308-697-3333</p>					
Study Area Code of Reporting Carrier	371526		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CONSOLIDATED TELCO**

**Wendy Thompson Fast**

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telco,l=Lincoln NE 68506-0147, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier

**371530**

Filing Due Date for this form  
(mm/dd/yyyy)


**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier			Clarks Telecommunications Company		
Signature of authorized officer				Date	
				9/27/12	
Printed name of authorized officer			David Armstrong		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(402) 632-4324 ext.		
Study Area Code of Reporting Carrier	371531	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CONSOLIDATED TEL CO**

**Wendy Thompson Fast**

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated tel co,l=Lincoln NE 68506-0147, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/10**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **2/0-289-0708**

Study Area Code of Reporting Carrier

**371530**

Filing Due Date for this form  
(mm/dd/yyyy)

**1/24/10**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: COZAD TEL CO

Marcus Young

Digitally signed by Marcus Young DN:cn=Marcus Young,email=myoung@c. cozadtel@et,O=cozad tel co,l= ,  
Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Marcus Young

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 308-784-4044

Study Area Code of Reporting Carrier

371534

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CURTIS TEL CO**

**Wendy Thompson Fast**

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=curtis tel co,l=Lincoln NE 68506-0147, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier

**371536**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: DALTON TEL CO, INC

David Shipley

Digitally signed by David Shipley DN:cn=David Shipley,email=dshipley@ghvalley.net,O=dalton tel co, inc,l=Colorado City CO 81019, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: David Shipley

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 866-542-6779

Study Area Code of Reporting Carrier

371537

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery


I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Diller Telephone Company	
Signature of authorized officer		<i>William P Sandman</i>		Date	09/25/2012
Printed name of authorized officer		William P Sandman			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(402) 793-5330			
Study Area Code of Reporting Carrier	371540	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Eastern Nebraska Telephone Company			
Signature of authorized officer 		Date September 26, 2012	
Printed name of authorized officer George Mack			
Title or position of authorized officer President			
Telephone number of authorized officer (402) 426-6200			
Study Area Code of Reporting Carrier	371542	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **GLENWOOD TEL MEMBER**

Signature of Authorized Officer or employee: **Stan Rouse**

Digitally signed by Stan Rouse DN:cn=Stan Rouse,email=manager@glenwoodtelco.net,O=glenwood tel member,l=Blue Hill NE 68930-0008, Date:9/26/2012

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Stan Rouse**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **402-756-3131**

Study Area Code of Reporting Carrier

**371553**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**


Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Ratio-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Hamilton Telephone Company	
Signature of authorized officer				Date	
Printed name of authorized officer		John Nelson			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer		(402) 694-5104			
Study Area Code of Reporting Carrier		371555	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

<b>Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery</b>					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HARTINGTON TELECOM</b></p>					
<p>Signature of Authorized Officer or employee: <b>William Dendinger</b></p>				<p>Digitally signed by William Dendinger DN:cn=William Dendinger,email=billd@hartel.net,O=hartington telecom,l=Hartington NE 68739-0157, Date:9/27/2012</p>	
<p>Date: <b>9/27/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>William Dendinger</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>402-254-3901</b></p>					
Study Area Code of Reporting Carrier	<b>371556</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Hartman Telephone Exchanges, Inc.	
Signature of authorized officer			<i>Kacey L. Harper</i>		Date
Printed name of authorized officer			Kacey L. Harper		
Title or position of authorized officer			Vice President		
Telephone number of authorized officer:			(308) 423-2000		
Study Area Code of Reporting Carrier	371557		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HEMINGFORD COOP TEL**

**Tonya Mayer**

Digitally signed by Tonya Mayer DN:cn=Tonya Mayer,email=tonya@bbc.net,O=hemingford coop tel,l=Hemingford NE 69348-0246, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Tonya Mayer**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **308-487-3311**

Study Area Code of Reporting Carrier

**371558**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HENDERSON CO-OP TEL**

**Matt Friesen**

Digitally signed by Matt Friesen DN:cn=Matt Friesen,email=mrriesen@mainstaycomm.net,O=henderson co-op tel,l=Henderson NE 68371, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Matt Friesen**

Title or position of Authorized Officer or employee: **General Manager**

Telephone number of Authorized Officer or employee: **402-723-4448**

Study Area Code of Reporting Carrier

**371559**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **HERSHEY COOP TEL CO**

**Rex Woolley**

Digitally signed by Rex Woolley DN:cn=Rex Woolley,email=rwoolley@hersheytel.net,O=hershey coop tel co,l=Hershey NE 69143, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: **9/27/2012**

Printed name of Authorized Officer or employee: **Rex Woolley**

Title or position of Authorized Officer or employee: **General Manager & CEO**

Telephone number of Authorized Officer or employee: **308-368-5561**

Study Area Code of Reporting Carrier

**371561**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **CONSOLIDATED TELECOM**

**Wendy Thompson Fast**

Digitally signed by Wendy Thompson Fast DN:cn=Wendy Thompson Fast,email=wfast@nebnet.net,O=consolidated telecom,l=Lincoln NE 68506-0147, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Wendy Thompson Fast**

Title or position of Authorized Officer or employee: **President**

Telephone number of Authorized Officer or employee: **402-489-2728**

Study Area Code of Reporting Carrier

**371562**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>HOOPER TEL CO</b></p>					
<p>Signature of Authorized Officer or employee: <b>Robert Gannon</b></p>				<p>Digitally signed by Robert Gannon DN:cn=Robert Gannon,email=bgannon@westelsystems.com,O=hooper tel co,l=Remsen IA 51050-0330, Date:9/28/2012</p>	
<p>Date: <b>9/28/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Robert Gannon</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Chief Executive Officer</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>712-786-5572</b></p>					
Study Area Code of Reporting Carrier	<b>371563</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier <b>K &amp; M Telephone Company Inc.</b>			
Signature of authorized officer <i>K. D. Werner</i>		Date <b>09-25-12</b>	
Printed name of authorized officer <b>Dennis D. Werner</b>			
Title or position of authorized officer <b>President</b>			
Telephone number of authorized officer <b>(403) 482-5220</b>			
Study Area Code of Reporting Carrier	<b>371565</b>	Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **KEYSTONE-ARTHUR TEL**

**Kelly Gies**

Digitally signed by Kelly Gies DN:cn=Kelly Gies,email=katcokrg@lakemac.net,O=keystone-arthur tel,l=Keystone NE 69144-0240, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: **9/24/2012**

Printed name of Authorized Officer or employee: **Kelly Gies**

Title or position of Authorized Officer or employee: **Plant Manager/President**

Telephone number of Authorized Officer or employee: **308-726-2281**

Study Area Code of Reporting Carrier

**371567**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NEBRASKA CENTRAL TEL**

**Nancy McGregor-Jader**

Digitally signed by Nancy McGregor-Jader DN:cn=Nancy McGregor-Jader,email=njader@nctc.net,O=nebraska central tel,|=Gibbon NE 68840-0700, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Nancy McGregor-Jader**

Title or position of Authorized Officer or employee: **Treasurer**

Telephone number of Authorized Officer or employee: **308-468-6341**

Study Area Code of Reporting Carrier

**371574**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Northeast Nebraska Telephone Company	
Signature of authorized officer			Date		9/27/12
Printed name of authorized officer			David Armstrong		
Title or position of authorized officer			President		
Telephone number of authorized officer:			(402) 632-4321 ext.		
Study Area Code of Reporting Carrier		371576	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: GREAT PLAINS COMMUN

**Wyman Nelson**

Digitally signed by Wyman Nelson DN:cn=Wyman Nelson,email=wenelson@gpcom.com,O=great plains commun,l=Blair NE 68008, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Wyman Nelson

Title or position of Authorized Officer or employee: Vice President & Chief Legal Counsel

Telephone number of Authorized Officer or employee: 402-456-6594

Study Area Code of Reporting Carrier

371577

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PIERCE TEL CO

Mary Bichlmeier

Digitally signed by Mary Bichlmeier DN:cn=Mary Bichlmeier,email=maryb@piercetelphone.com,O=pierce tel co,l=Pierce NE 68767-0113, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Mary Bichlmeier

Title or position of Authorized Officer or employee: Company Accountant

Telephone number of Authorized Officer or employee: 402-329-6225

Study Area Code of Reporting Carrier

371581

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: PLAINVIEW TEL CO

Eric Nye

Digitally signed by Eric Nye DN:cn=Eric Nye,email=nye@uwo.edu,O=plainview tel co,l=Plainview NE 68769, Date:9/24/2012

Signature of Authorized Officer or employee:

Date: 9/24/2012

Printed name of Authorized Officer or employee: Eric Nye

Title or position of Authorized Officer or employee: President

Telephone number of Authorized Officer or employee: 402-582-4242

Study Area Code of Reporting Carrier

371582

Filing Due Date for this form  
(mm/dd/yyyy)


10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier Rock County Telephone Company			
Signature of authorized officer 		Date September 26, 2012	
Printed name of authorized officer George Mack			
Title or position of authorized officer President			
Telephone number of authorized officer: (402) 426-6200			
Study Area Code of Reporting Carrier 371586	Filing Due Date for this form (mm/dd/yyyy) 10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SODTOWN TEL CO

Mike Plautz

Digitally signed by Mike Plautz DN:cn=Mike Plautz,email=mplautz@hamilton.net,O=sodtown tel co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Mike Plautz

Title or position of Authorized Officer or employee: Secretary

Telephone number of Authorized Officer or employee: 308-467-2310

Study Area Code of Reporting Carrier

371590

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: SE NEBRASKA COMM INC

Ray Joy

Digitally signed by Ray Joy DN:cn=Ray Joy,email=ray@sentco.net,O=se nebraska comm inc,lc= ,  
Date:9/25/2012

Signature of Authorized Officer or employee:

Date: 9/25/2012

Printed name of Authorized Officer or employee: Ray Joy

Title or position of Authorized Officer or employee: Vice President

Telephone number of Authorized Officer or employee: 402-245-4451

Study Area Code of Reporting Carrier

371591

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012


Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(e) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Stanton Telecom, Inc.	
Signature of authorized officer					
				Date	9/26/12
Printed name of authorized officer				Robert J. Paden	
Title or position of authorized officer				VP/GM	
Telephone number of authorized officer: (409) 439 2264					
Study Area Code of Reporting Carrier	371592		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: <u>Wauneta Telephone Company</u>			
Signature of authorized officer: <u>Kacey L. Harper VP</u>	Date: <u>09.25.2012</u>		
Printed name of authorized officer: <u>Kacey L. Harper</u>			
Title or position of authorized officer: <u>Vice President</u>			
Telephone number of authorized officer: <u>(308) 423-2000</u>			
Study Area Code of Reporting Carrier: <u>371597</u>		Filing Due Date for this form (mm/dd/yyyy): <u>10/4/2012</u>	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.			

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Benkelman Telephone Co., Inc.	
Signature of authorized officer		<i>Kacey L. Harper</i>		Date	09.25.2012
Printed name of authorized officer		Kacey L. Harper			
Title or position of authorized officer		Vice President			
Telephone number of authorized officer:		(308) 423-2000			
Study Area Code of Reporting Carrier	372455		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **NORTH DAKOTA TEL CO**

**Shawna Senger**

Digitally signed by Shawna Senger DN:cn=Shawna Senger,email=shawnas@ndtel.com,O=north dakota tel co,l=Devils Lake ND 58301, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: **9/26/2012**

Printed name of Authorized Officer or employee: **Shawna Senger**

Title or position of Authorized Officer or employee: **Chief Financial Officer**

Telephone number of Authorized Officer or employee: **701-662-6428**

Study Area Code of Reporting Carrier

**381447**

Filing Due Date for this form  
(mm/dd/yyyy)


**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Wolverton Telephone Co.	
Signature of authorized officer				Date	
				9-26-12	
Printed name of authorized officer				David L. Dunning	
Title or position of authorized officer				Executive Vice President	
Telephone number of authorized officer:				(701) 284-7221	
Study Area Code of Reporting Carrier		381509		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: ABSARAKA COOP TEL CO

**Ann Faught**

Digitally signed by Ann Faught DN:cn=Ann  
Faught,email=ffarm@wtc-mail.net,O=absaraka coop tel  
co,l= , Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Ann Faught

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 701-896-3404

Study Area Code of Reporting Carrier

381601

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).


Name of Reporting Carrier				BEK Communications Cooperative	
Signature of authorized officer		<i>Brett Stroh</i>		Date	09/26/2012
Printed name of authorized officer		Brett Stroh			
Title or position of authorized officer					
		President			
Telephone number of authorized officer: (701) 475-2361					
Study Area Code of Reporting Carrier	381604		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

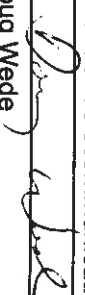
Name of Reporting Carrier				Consolidated Telcom	
Signature of authorized officer				Date	9/25/2012
Printed name of authorized officer		Brenda Volesky			
Title or position of authorized officer		President			
Telephone number of authorized officer:		(701) 483-4000			
Study Area Code of Reporting Carrier	381607	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

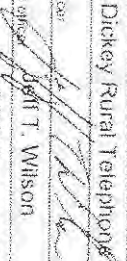
I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier			Dakota Central Telecommunications Cooperative/Dakota Central Telecom I, Inc.		
Signature of authorized officer				Date	
Printed name of authorized officer		Doug Wede		9/27/2012	
Title or position of authorized officer			President		
Telephone number of authorized officer:			(701) 285-3516		
Study Area Code of Reporting Carrier	381610	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier	Dickey Rural Telephone Cooperative		
Signature of authorized officer		Date	Set 27, 2012
Printed name of authorized officer	Jeff T. Wilson		
Title or position of authorized officer	CEO/General Manager		
Telephone number of authorized officer	(701) 344-6010		
State	Area Code	Reporting Carrier	Long Distance Rate as of 10/4/2012
ND	381	4611	10/4/2012


Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §5 502, 503(p), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Polar Communications Mutual Aid Corp.	
Signature of authorized officer					Date
Printed name of authorized officer			David L. Dunning		
Title or position of authorized officer			General Manager/CEO		
Telephone number of authorized officer			(701) 284-7224		
Study Area Code of Reporting Carrier		381614	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	


Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Griggs County Telephone Company	
Signature of authorized officer					Date
Printed name of authorized officer			Joyce Brown		
Title or position of authorized officer			Secretary/Treasurer		
Telephone number of authorized officer:			(701) 437-3300		
Study Area Code of Reporting Carrier	381615		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **INTER-COMMUNITY TEL**

**Keith Andersen**

Digitally signed by Keith Andersen DN:cn=Keith Andersen,email=kander@ictc.com,O=inter-community tel,l=Nome ND 58062-0008, Date:9/25/2012

Signature of Authorized Officer or employee:

Date: **9/25/2012**

Printed name of Authorized Officer or employee: **Keith Andersen**

Title or position of Authorized Officer or employee: **Secretary/Treasurer**

Telephone number of Authorized Officer or employee: **701-924-8815**

Study Area Code of Reporting Carrier

**381616**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MIDSTATE TEL CO

Mark Wilhelmi

Digitally signed by Mark Wilhelmi DN:cn=Mark Wilhelmi,email=markw@midstatetel.com,O=midstate tel co,l=Stanley ND 58784-0400, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Mark Wilhelmi

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 701-628-2522

Study Area Code of Reporting Carrier

381617

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Moore & Liberty Telephone Company	
Signature of authorized officer			<i>Joyce Brown</i>		Date
Printed name of authorized officer			Joyce Brown		
Title or position of authorized officer			Secretary/Treasurer		
Telephone number of authorized officer:			(701) 437-3300		
Study Area Code of Reporting Carrier		381622	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.


TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>NORTHWEST COMM COOP</b></p>					
<p>Signature of Authorized Officer or employee: <b>Mike Steffan</b></p>				<p>Digitally signed by Mike Steffan DN:cn=Mike Steffan,email=mikes@nccray.com,O=northwest comm coop,l=Ray ND 58849-0038, Date:9/28/2012</p>	
<p>Date: <b>9/28/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Mike Steffan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>Interim General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>701-568-3331</b></p>					
Study Area Code of Reporting Carrier	<b>381625</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Polar Communications Mutual Aid Corp.	
Signature of authorized officer				Date	
Printed name of authorized officer		David L. Dunning			
Title or position of authorized officer		General Manager/CEO			
Telephone number of authorized officer:		(701) 284-7221, ex.			
Study Area Code of Reporting Carrier	381630	Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: RED RIVER RURAL TEL

Jeffrey Olson

Digitally signed by Jeffrey Olson DN:cn=Jeffrey Olson,email=jeffolson@rrt.net,O=red river rural tel,l=Abercrombie ND 58001, Date:9/27/2012

Signature of Authorized Officer or employee:

Date: 9/27/2012

Printed name of Authorized Officer or employee: Jeffrey Olson

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 701-553-8309

Study Area Code of Reporting Carrier

381631

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

REDACTED-FOR PUBLIC INSPECTION

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				RESERVATION TELEPHONE COOPERATIVE			
Signature of authorized officer				<i>Royce S. Aslaksen</i>		Date	
Printed name of authorized officer				ROYCE S ASLAKSON			
Title or position of authorized officer				CEO/GM			
Telephone number of authorized officer				(701) 862-3115			
Study Area Code of Reporting Carrier		381632		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012		
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 602, 603(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.							



TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: UNITED TEL MUTUAL</p>					
<p>Signature of Authorized Officer or employee: Perry Oster</p>				<p>Digitally signed by Perry Oster DN:cn=Perry Oster,email=poster@utma.com,O=united tel mutual,i=Langdon ND 58249-0729, Date:9/26/2012</p>	
<p>Date: 9/26/2012</p>					
<p>Printed name of Authorized Officer or employee: Perry Oster</p>					
<p>Title or position of Authorized Officer or employee: General Manager/CEO</p>					
<p>Telephone number of Authorized Officer or employee: 701-256-5156</p>					
Study Area Code of Reporting Carrier	381636		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: W. RIVER TELECOM.

**Bonnie Krause**

Digitally signed by Bonnie Krause DN:cn=Bonnie Krause,email=bonniek@westriv.com,O=w. river telecom.,l=Hazen ND 58545-0467, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: 9/28/2012

Printed name of Authorized Officer or employee: Bonnie Krause

Title or position of Authorized Officer or employee: CEO/GM

Telephone number of Authorized Officer or employee: 701-748-4221

Study Area Code of Reporting Carrier

381637

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: MIDSTATE COMM.

Mark Wilhelmi

Digitally signed by Mark Wilhelmi DN:cn=Mark Wilhelmi,email=markw@midstatetel.com,O=midstate comm.,l=Stanley ND 58784-0400, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Mark Wilhelmi

Title or position of Authorized Officer or employee: General Manager

Telephone number of Authorized Officer or employee: 701-628-2522

Study Area Code of Reporting Carrier

381638

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: NEMONT TEL COOP - ND

Remi Sun

Digitally signed by Remi Sun DN:cn=Remi Sun,email=remi.sun@nemont.coop,O=nemont tel coop - nd,l=Scobey MT 59263-0600, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: 9/28/2012

Printed name of Authorized Officer or employee: Remi Sun

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 406-783-2358

Study Area Code of Reporting Carrier

382247

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: **SRT COMMUNICATIONS**

**Steve Lysne**

Digitally signed by Steve Lysne DN:cn=Steve Lysne,email=stevedl@srttel.com,O=srt communications,l=Minot ND 58702-2027, Date:9/28/2012

Signature of Authorized Officer or employee:

Date: **9/28/2012**

Printed name of Authorized Officer or employee: **Steve Lysne**

Title or position of Authorized Officer or employee: **General Manager/CEO**

Telephone number of Authorized Officer or employee: **701-858-5246**

Study Area Code of Reporting Carrier

**383303**

Filing Due Date for this form  
(mm/dd/yyyy)

**10/4/2012**

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TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

**Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery**

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier: ALLIANCE-HILLS SD

**Kari Flanagan**

Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-hills sd,I=Garretson SD 57030, Date:9/26/2012

Signature of Authorized Officer or employee:

Date: 9/26/2012

Printed name of Authorized Officer or employee: Kari Flanagan

Title or position of Authorized Officer or employee: CFO

Telephone number of Authorized Officer or employee: 605-594-8228

Study Area Code of Reporting Carrier

391405

Filing Due Date for this form  
(mm/dd/yyyy)

10/4/2012

Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>GOLDEN WEST-ARMOUR</b></p>					
<p>Signature of Authorized Officer or employee: <b>Dennis Law</b></p>				<p>Digitally signed by Dennis Law DN:cn=Dennis Law,email=dennylaw@goldenwest.com,O=golden west-armour, =Wall SD 57790-0411, Date:9/26/2012</p>	
<p>Date: <b>9/26/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Dennis Law</b></p>					
<p>Title or position of Authorized Officer or employee: <b>General Manager/CEO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-279-2161</b></p>					
Study Area Code of Reporting Carrier	<b>391640</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					

TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery					
<p>I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF ICC support requested pursuant to §51.917(f).</p>					
<p>Name of Reporting Carrier: <b>ALLIANCE-BALTIC</b></p>					
<p>Signature of Authorized Officer or employee: <b>Kari Flanagan</b></p>				<p>Digitally signed by Kari Flanagan DN:cn=Kari Flanagan,email=karif@alliance.coop,O=alliance-baltic,I=Garretson SD 57030, Date:9/26/2012</p>	
<p>Date: <b>9/26/2012</b></p>					
<p>Printed name of Authorized Officer or employee: <b>Kari Flanagan</b></p>					
<p>Title or position of Authorized Officer or employee: <b>CFO</b></p>					
<p>Telephone number of Authorized Officer or employee: <b>605-594-8228</b></p>					
Study Area Code of Reporting Carrier	<b>391642</b>		Filing Due Date for this form (mm/dd/yyyy)	<b>10/4/2012</b>	
<p>Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.</p>					



REDACTED-FOR PUBLIC INSPECTION

## TO BE COMPLETED BY AN OFFICER OF THE REPORTING CARRIER

## Certification of Officer for Rate-of-Return Carrier Eligibility for CAF/ICC Recovery

I certify that I am an officer of the reporting carrier and that, to the best of my knowledge, the reporting carrier on this form certifies that it has complied with Eligible Recovery §51.917(d) and Access Recovery Charge §51.917(e) and is eligible to receive the CAF/ICC support requested pursuant to §51.917(f).

Name of Reporting Carrier				Cheyenne River Sioux Tribe Telephone Authority	
Signature of authorized officer		<i>Ivan Brugner</i>		Date	
				9-26-12	
Printed name of authorized officer Ivan Brugner					
Title or position of authorized officer Board Chairman					
Telephone number of authorized officer (605) 964-2600					
Study Area Code of Reporting Carrier		391647		Filing Due Date for this form (mm/dd/yyyy)	10/4/2012
Persons willfully making false statements on this form can be punished by fine or forfeiture under the Communications Act of 1934, 47 U.S.C. §§ 502, 503(b), or fine or imprisonment under Title 18 of the United States Code, 18 U.S.C. § 1001.					